Demographic Information

*Initial Coordinator_____   Primary Coordinator _____

Child Demographic Information:

1. Child Name: *First: _____ *Last: _____ Middle: _____

2. Social Security Number: _____-_____-_____ (###-##-####)

3. *Date of Birth: ____/____/_____ (mm/dd/yyyy)

4. *Gender: ___ Male ___Female

5. Race 1: _____ Race 2: _____ (See chart page two)

6. Child's Address: _____

    _____

    _____

7. Second Address: _____

    _____

    _____

8. Language Used at home: _____

9. Language Preferred/Instruction: _____

10. LEA: _____

11. Parent Restriction of Rights with Reason:
     A. Father
     B. Mother

_____

_____

12. Is the child a ward of the state? _____ Yes

13. Household Member Names and Relationships (Except Parents): _____

_____

14. Comments: _____

_____

Emergency Contact (other then parent)

Contact 1

    *Name: _____

    Home Phone: (___) ____-_____ (###) ###-####

    Second Phone (___) ____-_____ (###) ###-####

    E-mail: _____

    Notes: _____

Contact 2

    *Name: _____

    Home Phone: (___) ____-_____ (###) ###-####

    Second Phone (___) ____-_____ (###) ###-####

    E-mail: _____

    Notes: _____

_____

_____

* This denotes fields that are required in the system and need to be completed on this form.

Chart for Race Selection:

RACE 1	RACE 2
American Indian/Alaskan	Not Applicable
Asian	American Indian/Alaskan
Black (Not Hispanic)	Asian
Hispanic	Black (Not Hispanic)
Pacific Islander	Hispanic
White (Not Hispanic)	Pacific Islander
	White (Not Hispanic)